

# STATE OF NEVADA - POSITION QUESTIONNAIRE

- ☐ New Position  
☐ Existing Position

AGENCY ID #		DEPARTMENT		DIVISION	
POS. CONTROL #		AGENCY ORG#		FUND #	
EMPLOYEE NAME					
CURRENT CLASS TITLE <i>(If existing position)</i>				CLASS CODE	GRADE
REQUESTED CLASS TITLE				CLASS CODE	GRADE
GEOGRAPHIC LOCATION OF POSITION				EMPLOYEE PHONE #	

## APPOINTING AUTHORITY/EMPLOYEE CERTIFICATION

CERTIFICATION: I certify that I have read the information on page 1, and the statements provided in this NPD-19 are correct and complete.  
 Changed responsibilities were/will be effected on .....

.....  
 Signature of Appointing Authority or Designated Representative

.....  
 Date

.....  
 Signature of Employee

.....  
 Date

## FOR COMPLETION BY BUDGET DIVISION ONLY (Required for new positions and when NAC 284.126, subsection 3 applies.)

- ☐ Approved Effective Date (If change is approved by State Personnel).....  
☐ Disapproved

.....  
 Signature

.....  
 Date

## FOR COMPLETION BY DEPARTMENT OF INFORMATION TECHNOLOGY (Required when NRS 284.172 applies)

- ☐ Approved    ☐ Disapproved

.....  
 Signature

.....  
 Date

## FOR COMPLETION BY STATE PERSONNEL AND BUDGET DIVISION

Agency ID.....

Position..... Effective Date.....Expire Date.....Type.....

Action.....

Part-time (Percent).....

Class Code..... Title.....Grade.....

Class Option.....

Division Code..... IFC/Legislative Approval Required? ☐ No ☐ Yes .....  
Date Received

## INSTRUCTIONS TO APPOINTING AUTHORITY

- ☐ Use the NPD-3 procedure.  
☐ Submit Personnel Action form and refer to NAC 284....., subsection.....  
     Incumbent meets MQ's: ☐ Yes ☐ No  
☐ Other.....

Study No.....

Analyst.....Date.....

Approved.....Date.....

1. What is prompting this request? If this is an existing position, state the significant changes in duties and responsibilities which have been made in the position since it was established or last reviewed by State Personnel. If this is a new position, have there been additional responsibilities placed on the organization? If yes, please explain. Attach documentation relative to legislation, board/commission proceedings, new organizational goals, etc., if applicable.
2. What position(s), if any, previously performed these new or additional duties? List class title and position control number of position(s). (A separate NPD-19 may be required for these positions.)
3. Briefly describe the major purpose of this job.
4. Attach a copy of the agency organizational chart to this form. Please circle this position.

5. List the duties performed in this job. Assign a number to each duty and estimate the percentage of time spent on each duty (percentages should add to 100%). If it is not possible to estimate the percentage of time spent in each area daily, estimate the time on a weekly, monthly or annual basis. If this is an existing position, please put an asterisk next to each duty that is new.

DUTY NO.	DUTY	FREQUENCY
1		%
2		%
3		%
4		%

6. What duties are performed that require the incumbent to make choices, determinations or judgments? Please give examples.
- 7a. List the class titles and position control numbers of all employees that work under the supervision of this position.
- 7b. Describe the extent of supervisory responsibility exercised over these employees. (Check appropriate boxes.)
- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Final selection | <input type="checkbox"/> Work assignment | <input type="checkbox"/> Performance appraisal | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Training        | <input type="checkbox"/> Work review     | <input type="checkbox"/> Other (Specify)_____  |                                     |
8. List any licenses, certificates, degrees, or credentials that are required by law for this job.
9. List equipment which is used that requires specialized training.
- 10a. List the name, title and position control number of the position's supervisor.
- 10b. Describe the type and extent of supervision received.

11. What statutes, laws, rules, procedures or guidelines are used in performing assignments?
12. What people are contacted in carrying out the duties of this position? Explain the purpose of each contact.
13. Describe any unusual physical demands or working conditions required in this job, i.e., requires frequent lifting or moving of office furniture, frequent exposure to hazardous materials, etc.
14. Provide any additional information about the job which you consider to be important to the classification, but which have not been previously mentioned.